

Posted - jhs 228891
3/30/11
3:20 PM

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2011 - 137 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: SVETLANA NIKITKIN

Telephone: (803) 269-7895

Address: 11 PEARSON CIR
IRMO, SC 29063

Fax: (803) 732-4375

Other:

Email: TAXICAB 100 @YAHOO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 30 2011
PSC SC
CLERK'S OFFICE

Walk-in add: DBA NAME

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

Print Form

Reset Form

Handwritten signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

RECEIVED
2011 MAR 30 PM 3:05
SC PUBLIC SERVICE
COMMISSION

Date: 3-11-2011

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SVETLANA NIKITKIN dba American Pride Cab
11 PEARSON CIR IRMO. S.C. 29063
Street Address of Applicant

Mailing Address of Applicant if different from street address

(803) 269-7895 (803) 732-4375
Phone Fax
TAXICAB 100 @ YAHOO.COM
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month MAR Year 2011

Assets:

Cash	300.00
Receivables	12,000
Real Estate	N/A
Buildings and Equipment (Net)	N/A
Motor Vehicles (Net)	2000.00
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	N/A
Prepays and Other Assets	N/A
Total Assets	2000.00

Liabilities and Equity:

Accounts Payable	N/A
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	12,000
Other Accrued Obligations	N/A
Other Liabilities	N/A
Total Liabilities	
Capital Stock	N/A
Retained Earnings	N/A
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

2 dollars per mile

Counties to be Served:

Richland and Lexington counties

Maximum Number of Passengers per Vehicle:

seven

DESCRIPTION OF EQUIPMENT

[illegible]

Tel (800) 980-1950 Fax (800) 980-1960

INSURANCE PROPOSAL

Quote expires in 7 days, or Proposed Effective Date.

Svetlana Nikitkin dba American Taxi

Proposed Effective Date

TBD

Annual Policy, 12 Months

***Your Partner
For Security***

A- Rated Insurance Company

Insurance Company **Tower Insurance Company of New York**

I. Coverages

Limits of Coverage

Liability

Collateral

- | | | |
|--|-----------------------------|-------------|
| • Automobile Liability | 25,000/50,000/25,000 | Split Limit |
| • Uninsured Motorist | 25,000/50,000/25,000 | Split Limit |
| • Underinsured Motorist Bodily Injury | No Coverage | |
| • Personal Injury Protection | No Coverage | |
| • Collision Coverage | No Coverage | |

Admitted Company

- Higher Coverage is Available
-

IV. Terms & Conditions

- Specified Vehicles Only.
- All Drivers Must Meet Driver Guidelines.
- Vehicles greater than 10 years old need vehicle inspection report
- \$250 Minimum Policy Premium
- \$50 Per Additional Insured
-
-
-

III. Premium & Payment Terms

Number of Units	1	Per Unit	Total Annual
Automobile Liability		\$2,274.00	\$2,274.00
State SL Fee:		0.000%	
State Tax:		0.000%	
Total Annual Due			\$2,274.00

II. In Order To Bind

(Customer or Retail Agent check list)

- ☐ Signed Application
☐ Signed Proposal
☐ Copy of Vehicle Registration
☐ Fax DOWN PAYMENT, we cash your faxed check.
☐ Fax back Signed Proposal
☐
☐
☐

Direct Bill, Insurance Company

Down Payment

\$454.80

% Down

20%

Monthly Payment

\$181.92

Installments

10

**First Payment
due in 30 days**

X Make Check Payable to ABI: FAX Down Payment to (800) 980-1960 (We Cash Your Faxed Check) Do not mail original.

American Business Insurance Services, Inc.

ABlinsurance.com

Lic 762658

Version 12/08

Sign Here and Return

x

Questions? Call (800) 980-1950

Nichole Haley (ext 14)

Account Executive

The final coverages may differ from what is listed in this Proposal, please see the "INSURANCE BINDER" for coverages you purchased.

THANK YOU FOR YOUR BUSINESS!

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

AMERICAN PRIDE CAB

Name of Motor Carrier

11 PEARSON CIR IRMO. S.C. 29036

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2274

Limits 25/50/25

The above quoted premium is for a term of 180 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

TOWER INSURANCE

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Svetlana NIKITKIN

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF RICHLAND)

S. Nikitkin

Applicant's Signature

I, SVETLANA NIKITKIN, OWNER
Name of Applicant's Representative Title

of AMERICAN PRIDE CAB,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

S. Nikitkin

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 21 day of March, 2011

Susan R. Boyd

Notary Public

SUSAN R BOYD

Notary Public, South Carolina

Commission Expires My Commission Expires November 7, 2016

